

Belmont Recreation Department
Summer Program Registration 2014
COMPLETE AND MAIL TO: P.O. BOX 56, BELMONT MA 02478

Participant Name: _____ Date of Birth: _____

Home Address: _____ Home Phone: _____

Emergency Phone: _____ Email Address: _____

Allergies, Concerns or Conditions:
 ie. Behavior, Family (please be specific)

Names of people who can pick up your children:

Week 1. June 24 - June 26 Program Name: **WEDNESDAY - FRIDAY ONLY** ☐ Early Drop Off Option: Add \$51 (check if yes)
☐ Extended Day Option: Add \$51 (check if yes)

Week 2. June 29 - July 2 Program Name: **NO FRIDAY, JULY 3** ☐ Early Drop Off Option: Add \$68 (check if yes)
☐ Extended Day Option: Add \$68 (check if yes)

Week 3. July 6 - July 10 Program Name: ☐ Early Drop Off Option: Add \$85 (check if yes) ☐ Extended Day Option: Add \$85 (check if yes)

Week 4. July 13 - July 17 Program Name: ☐ Early Drop Off Option: Add \$85 (check if yes) ☐ Extended Day Option: Add \$85 (check if yes)

Week 5. July 20 - July 24 Program Name: ☐ Early Drop Off Option: Add \$85 (check if yes) ☐ Extended Day Option: Add \$85 (check if yes)

Week 6. July 27 - July 31 Program Name: ☐ Early Drop Off Option: Add \$85 (check if yes) ☐ Extended Day Option: Add \$85 (check if yes)

Week 7. August 3 - August 7 Program Name: ☐ Early Drop Off Option: Add \$85 (check if yes) ☐ Extended Day Option: Add \$85 (check if yes)

Week 8. August 10 - August 14 Program Name: ☐ Early Drop Off Option: Add \$85 (check if yes) ☐ Extended Day Option: Add \$85 (check if yes)

I, the undersigned, parent/guardian a minor, or myself as a participant, do hereby consent to my/ his/her participation in voluntary athletic programs and do forever release, acquit, discharge, and covenant to hold harmless the Town of Belmont from any and all actions, causes of action, and claims on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which I may now or hereafter have for myself or as the parent of said minor, and also all claims or right of action for damages which myself or said minor has or hereafter may acquire, either before or after I/ he/she has reached his/her majority resulting from his/her participation in Belmont Recreation programs.

It is understood that in the event that I/my child should require any minor medical or surgical treatment and/or medication during this event and I am not present, I authorize such physician or emergency care staff that the Belmont Recreation Department may appoint or designate to carry out the necessary treatment, or to take my child to the emergency room of the nearest hospital and I further authorize the hospital and its medical staff to provide the treatment deemed necessary by them for the well-being of myself/my child. It is understood that if hospitalization or treatment of a more serious nature is required for my child, every effort will be made to contact me.

 Parent/Guardian Signature

 Date